

## PATENT APPLICATION DATA ENTRY FORM

### INVENTOR INFORMATION

|                             |                            |
|-----------------------------|----------------------------|
| Inventor One Given Name::   | <b>David E.</b>            |
| Family Name::               | <b>Zeidler</b>             |
| Name Suffix::               |                            |
| Postal Address Line One::   | <b>642 Griffiths Road</b>  |
| Postal Address Line Two::   |                            |
| City::                      | <b>Warrington</b>          |
| State or Province::         | <b>PA</b>                  |
| Country::                   | <b>United States</b>       |
| Postal or Zip Code::        | <b>18976</b>               |
| Citizenship Country::       | <b>United States</b>       |
| Inventor Two Given Name::   | <b>Wayne D.</b>            |
| Family Name::               | <b>Woodruff</b>            |
| Name Suffix::               |                            |
| Postal Address Line One::   | <b>101 Birchwood Drive</b> |
| Postal Address Line Two::   |                            |
| City::                      | <b>Chalfont</b>            |
| State or Province::         | <b>PA</b>                  |
| Country::                   | <b>United States</b>       |
| Postal or Zip Code::        | <b>18914</b>               |
| Citizenship Country::       | <b>United States</b>       |
| Inventor Three Given Name:: | <b>Robert M.</b>           |
| Family Name::               | <b>Simons</b>              |
| Name Suffix::               |                            |
| Postal Address Line One::   | <b>1009 Springside Way</b> |
| Postal Address Line Two::   |                            |
| City::                      | <b>Lansdale</b>            |
| State or Province::         | <b>PA</b>                  |
| Country::                   | <b>United States</b>       |
| Postal or Zip Code::        | <b>19446</b>               |
| Citizenship Country::       | <b>United States</b>       |

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: **20028**  
Name Line One:: **Barry R. Lipsitz**  
Name Line Two::  
Address Line One:: **755 Main Street**  
Address Line Two:: **Building 8**  
City:: **Monroe**  
State or Province:: **Connecticut**  
Country:: **United States**  
Postal or Zip Code:: **06468**  
Telephone:: **(203) 459-0200**  
Fax:: **(203) 459-0201**  
Electronic Mail::

## **APPLICATION INFORMATION**

Title Line One:: **METHODS AND APPARATUS FOR ADVANCED**  
Title Line Two:: **RECORDING OPTIONS ON A PERSONAL**  
Title Line Three:: **VERSATILE RECORDER**  
Title Line Four::  
Total Drawing Sheets:: **1**  
Formal Drawings?:: **Yes**  
Application Type:: **Utility**  
Docket Number:: **GIC-628**

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: **20028**